



The Commonwealth of Massachusetts

ELECTED CITY, WARD AND TOWN POLITICAL COMMITTEE REPORT

NAME OF CITY/TOWN _____ WARD (if applicable) _____

INDICATE PURPOSE OF THIS REPORT BY CHECKING THE
APPROPRIATE BOX BELOW:

- ☐ STATEMENT OF ORGANIZATION
☐ CHANGE OF OFFICER(S)
☐ MEMBERSHIP UPDATE

PARTY _____

DATE OF REPORT _____

Submit this report to the four offices listed below. File the original report with the Office of Campaign and Political Finance, and file copies of this report with the other three offices listed.

1. Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617)727-8352

2. Secretary of the Commonwealth, William Francis Galvin
Elections Division
One Ashburton Place, Room 1705
Boston, MA 02108
(617)727-2828

3. State Party Committee Headquarters

4. City/Town Clerk or Election Commission

**City Ward Committee Secretaries must also file a list of officers and members with the chairman of the city committee of the political party which it represents (Ch.52, Sec.5)*

PLEASE PRINT OR TYPE BELOW THE NAME, RESIDENTIAL ADDRESS AND ZIP CODE OF THE OFFICERS OF THIS COMMITTEE:

CHAIRPERSON: _____
Name Street address City/Town/Zip

SECRETARY: _____
Name Street address City/Town/Zip

TREASURER: _____
Name Street address City/Town/Zip

I hereby submit this list of officers and members (including associate members) of the above mentioned committee to the Secretary of the Commonwealth in accordance with Ch.52, Sec.5 of the Mass. General Laws.

SECRETARY PLEASE SIGN HERE _____ **DATE** _____

I hereby accept the office of Treasurer of this committee. I understand that I am subject to certain duties and liabilities under Ch.55, including timely filing of campaign finance reports. I am aware that an appointed public employee may not serve as treasurer of a political committee. This acceptance is required to be filed with the Office of Campaign and Political Finance as provided in Ch.55, Sec.5 of the Mass. General Laws.

TREASURER PLEASE SIGN HERE _____ **DATE** _____

LIST OTHER OFFICERS' NAMES, TITLES, RESIDENTIAL ADDRESSES AND ZIP CODES BELOW:

*Use reverse side of this form to list remaining membership of this committee.

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NAME OF CITY/TOWN/WARD _____

PLEASE PRINT OR TYPE OFFICERS' NAMES, TITLES, RESIDENTIAL ADDRESSES AND ZIP CODES BELOW:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

ASSOCIATE MEMEBERS
